

**In the United States Patent and Trademark Office**

Application No.: 10/673,089
Filed: 9/26/2003
Title: Method for Matching and Registering Medical Image Data
Applicant(s): Burak Acar et al.
Examiner: Not Yet Assigned
Art Unit: 3676

Mailed 1 - 2 6 - 0 5
Palo Alto, CA

Information Disclosure Statement

Commissioner of Patents and Trademarks
Alexandria, VA 22313

Dear Sir or Madam:

Attached is a completed Form PTO-1449 and copies of the pertinent parts of the references cited thereon. It is requested that the document(s) on the enclosed form be made of record.

Part I (Authority)

This statement is filed pursuant to:

37 C.F.R. § 1.97(b).

This information disclosure statement is filed either (1) within three months of the filing date of the national application; (2) within three months of the date of entry of the national stage as set forth in 37 C.F.R. § 1.491 in an international application; (3) before the mailing date of a first office action on the merits, or (4) before the mailing of a first Office action after the filing of an RCE under § 1.114, whichever event occurs last.

Accordingly, this information disclosure statement requires no fee and no certification.

37 C.F.R. § 1.97(c).

This information disclosure statement is filed after the period specified in 37 C.F.R. § 1.97(b), but before the mailing date of either (1) a final action under 37 C.F.R. § 1.113 or (2) a notice of allowance under 37 C.F.R. § 1.311.

Accordingly, this information disclosure statement requires either the fee specified in 37 C.F.R. § 1.17(p) for submission of an information disclosure statement under 37 C.F.R. § 1.97(c) (\$180), or a certification according to 37 C.F.R. § 1.97(e).

37 C.F.R. § 1.97(d).

This information disclosure statement is filed after the period specified in 37 C.F.R. § 1.97(c).

Accordingly, this information disclosure statement requires the fee specified in 37 C.F.R. § 1.17(p) (\$180) and a certification according to 37 C.F.R. § 1.97(e).

Conditional Petition

It is respectfully requested that this information disclosure statement be considered, good cause being presented in Part III herein (certification). Please treat this paper as the required petition.

If this statement crosses in the mail with an office action, or is otherwise not in the indicated category of 37 C.F.R. § 1.97, it is respectfully requested that this statement be treated in the next appropriate category and made of record.

To the extent required, please treat this paper as a conditional petition for acceptance of the information disclosure statement.

Part II (Payment)

A check is enclosed as indicated:

No fee is due.

The fee specified in 37 C.F.R. § 1.17(p) for submission of an information disclosure statement under 37 C.F.R. § 1.97(c) or 37 C.F.R. § 1.97(d) is enclosed (\$180).

Part III (Certification)

Pursuant to 37 C.F.R. § 1.97(e), I certify:

No certification is necessary.

Each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the statement.

No item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, or, to my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c), more than three months prior to the filing of the statement.

Part IV (Additional Statement)

An additional statement regarding these items of information () is, (X) is not, enclosed.

Copies of the cited documents (X) are enclosed, () are of record in parent application Serial No. _____ and will be provided if the Examiner deems it convenient.

Dated: 1-26-05

Respectfully submitted,



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FORM PTO-144 U.S. DEPARTMENT OF COMMERCE				ATTY. DOCKET NO. S01-253/US	SERIAL NO. 10/673,089
LIST OF DOCUMENTS CITED BY APPLICANT (Use several sheets if necessary)				APPLICANT Burak Acar et al.	
				FILING DATE 9/26/2003	GROUP 3676
U.S. PATENT DOCUMENTS					
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	RELEVANT INFORMATION
A					
FOREIGN PATENT DOCUMENTS					
	2-letter code	DOCUMENT NUMBER	DATE	COUNTRY	TRANSLATION
B					<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)					
C		H. Yoshida et al. in a paper entitled "CAD Techniques, Challenges, and Controversies in Computed Tomographic Colonography". Published in Springer and Business Media, Inc. 2004 (pg. 26-41)			
EXAMINER			DATE CONSIDERED		
* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.					



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/673,089
		Filing Date	9/26/2003
		First Named Inventor	Burak Acar
		Art Unit	3676
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	S01-253/US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ron Jacobs	Reg No. 50,142
Signature		
Date	1-26-05	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	
	Date 1/26/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.